

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/402144

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	*	DEP.	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.		IND.	DEP.
	1	/	/	/	/	/	51				
2	/		/				52				
3	/		/				53				
4		3					54				
5		0					55				
6		0					56				
7		0					57				
8		0					58				
9		0					59				
10	/		/				60				
11	/		/				61				
12	/		/				62				
13		3					63				
14		3					64				
15		3					65				
16		0					66				
17		0					67				
18		0					68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
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37							87				
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39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	6		6		6		TOTAL IND.				
TOTAL DEP.	20	←	0	←	0	←	TOTAL DEP.				
TOTAL CLAIMS	26		6				TOTAL CLAIMS				